

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1-15, 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 10/12/2005	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Mattole Salmon Group, Inc.			Organizational Unit: Department: N/A		
Organizational DUNS: 835691445			Division: N/A		
Address: Street: 1890 Lighthouse Rd (PO Box 188)			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Petrolia			Prefix: Mr.	First Name: Tom	
County: Humboldt			Middle Name: C		
State: CA			Last Name: Campbell		
Zip Code: 95558			Suffix:		
Country: USA			Email: tom@mattolesalmon.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2762508			Phone Number (give area code) 707-629-3433		Fax Number (give area code) 707-629-3435
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O-Non profit organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conservation 11-463			9. NAME OF FEDERAL AGENCY:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mattole River Watershed, Petrolia, Humboldt County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: East Mill Creek Salmon Migration Barrier Removal Project		
13. PROPOSED PROJECT Start Date: 07/01/2007 Ending Date: 11/15/2008			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 1st b. Project CA 1st		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal NOAA Fisheries	\$	287,840 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 1/13/2006		
b. Applicant Mattole Salmon Group	\$	36,012 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State CA Dept of Fish and Game	\$	20,000 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local Landowners and Volunteer	\$	90,758 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other USBLM	\$	6,000 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	0 ⁰⁰			
g. TOTAL	\$	440,610 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Tom		Middle Name C	
Last Name Campbell		Suffix			
b. Title Executive Director		c. Telephone Number (give area code) 707-629-3433			
d. Signature of Authorized Representative <i>Tom Campbell</i>		e. Date Signed 1/13/2006			

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Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Applicant Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
		3. DATE RECEIVED BY STATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		State Application Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
4. DATE RECEIVED BY FEDERAL AGENCY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Federal Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JAN 13 2006 STATE CLEARING HOUSE </div>	
5. APPLICANT INFORMATION					
* Legal Name: Acterra, Action for a Sustainable Earth / SPCWC			Department: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
* Organizational DUNS: 121365670			Division: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
* Street1: 3921 East Bayshore Road			Prefix: Mr. * First Name: Michael		
Street2: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			Middle Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
* City: Palo Alto County Santa Clara			* Last Name: Closson		
* State: CA * Zip Code: 94303-4303 * Country: USA			Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * Email: mclosson@acterra.org		
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 23-7064937			* Phone Number (give area code) 650-962-9876 X303 Fax Number (give area code) (650) 962-8234		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			7. * TYPE OF APPLICANT: Institution (Other than Institution of Higher Learning) Other (specify): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 11.463			9. * NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration		
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, Mountain View, Santa Clara, California			11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Removal of Three road crossing Fish Barriers in Stevens Creek, Mountain View, Santa Clara County, California		
13. * PROPOSED PROJECT:			14. * CONGRESSIONAL DISTRICTS OF:		
* Start Date 10/01/2006		* Ending Date 09/30/2008		* a. Applicant 14	
				* b. Project 14 & 15	
15. * ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
* a. Federal \$ 249,000.00			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
* b. Applicant \$ 2,000.00			<input checked="" type="checkbox"/> YES DATE 01/13/2006		
* c. State \$ 60,000.00			b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
* d. Local \$ 0.00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
* e. Other \$ 130,000.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
* f. Program Income \$ 0.00			<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 441,000.00					
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: Mr. * First Name: Mondy Middle Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * Last Name: Lariz Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
* b. Title: Executive Director * c. Telephone Number (give area code): (408) 356-8258					
* Email: ed@spcwc.org Fax Number (give area code): (650) 962-8234					
d. Signature of Authorized Representative: Completed on submission to Grants.gov			e. Date Signed: Completed on submission to Grants.gov		

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 01/13/2006	Applicant Identifier Napa County RCD
3. DATE RECEIVED BY STATE []		State Application Identifier []	
5. APPLICANT INFORMATION			
* Legal Name: Napa County Resource Conservation District		Department: []	
* Organizational DUNS: 555578180		Division: []	
Address: * Street1: 1303 Jefferson Street Street2: Suite 500B * City: Napa County Napa * State: CA * Zip Code: 94559 * Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. * First Name: Lara Middle Name: [] * Last Name: Hadhazy Suffix: [] * Email: lara@naparc.org * Phone Number (give area code) 707-252-4188 x103 Fax Number (give area code) 707-252-4219	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1569332		7. * TYPE OF APPLICANT: Special District	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): []		9. * NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 11,463 TITLE: Habitat Conservation		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Dry Creek Fish Barrier Removal	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Outer limits of Napa, Napa County, CA		13. * PROPOSED PROJECT: * Start Date 06/07 * Ending Date 05/09	
14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant 1 * b. Project 1		15. * ESTIMATED FUNDING: a. Federal \$ 259750 * b. Applicant Landowner \$ 7250 * c. State \$ 240000 * d. Local \$ 12500 * e. Other \$ [] * f. Program Income NRCS WHP \$ 25000 g. TOTAL \$ []	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 6/13/06 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: [] * First Name: Robert Middle Name: [] * Last Name: Zlomke Suffix: []		* b. Title: District Manager * c. Telephone Number (give area code): 707-252-4188 x106 * Email: bob@naparc.org Fax Number (give area code): 707-252-4219	
d. Signature of Authorized Representative: [Signature]		e. Date Signed: Completed on submission to Grants.gov	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 13 January 2006	Applicant Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Pre-application Construction		3. DATE RECEIVED BY STATE 13 January 2006	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Friends of Corte Madera Creek Watershed	Organizational Unit: Department: NONE Division: NONE
Organizational DUNS: NONE	
Address: Street: NONE P.O. Box 415 City: Larkspur County: Marin State: California ZIP: 94977 Country: USA	Name and telephone number of person to be contacted on matters involving this application Prefix: Ms. First Name: Sandra Middle Name: Gay Last Name: Goldman Suffix: Email: info@friendsofcortemadecreek
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 68-0365270	Phone: (415) 456-5052 Fax: (415) 456-4992
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	7. TYPE OF APPLICANT: O
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.483 TITLE (Name of Program): Open Rivers Initiative Project Grant	9. NAME OF FEDERAL AGENCY: NOAA Fisheries
12. AREAS AFFECTED BY THE PROJECT: San Anselmo, Marin County, California	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Saunders Fishway Replacement, San Anselmo Creek: The bridge on Saunders Avenue across San Anselmo Creek includes a barrier to salmonid passage. We propose to remove the barrier and install a fishway that meets current passage criteria for salmonids that currently occupy the stream (steelhead and Chinook salmon) or that have in the past and may in the future (coho salmon).
13. PROPOSED PROJECT Start Date: March 2007 Ending Date: February 2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 6 b. Project 8
15. ESTIMATED FUNDING	16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$284,150.00	a. Yes <input checked="" type="checkbox"/> THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 13 January 2006
b. Applicant \$33,000.00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372
c. State \$150,000.00	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$0.00	
e. Other \$0.00	
f. Program Income \$0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. TOTAL \$477,150.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THE APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE RULING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix Ms.	First Name Sandra Middle Name Gay Last name Goldman Suffix
b. Title President	c. Telephone Number (415) 456-5052
d. Signature of Authorized Representative <i>Sandra Goldman</i>	e. Date signed 13 January 2006

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 10, 2006	Applicant Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE January 9, 2006	State Application Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: STATE OF CALIFORNIA		Department: DEPARTMENT OF PARKS AND RECREATION	
Organizational DUNS: 172070807		Division: OFFICE OF HISTORIC PRESERVATION	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: P.O. BOX 942896		Prefix: MR.	First Name: DENNIS
City: SACRAMENTO		Middle Name WILLIAM	
County: SACRAMENTO		Last Name WEBER	
State: CALIFORNIA	Zip Code 94296-0001	Suffix:	
Country: U.S.		Email: DWEBER@PARKS.CA.GOV	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347	Phone Number (give area code) 916-653-5789	Fax Number (give area code) 916-653-9824
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) A. STATE Other (specify)
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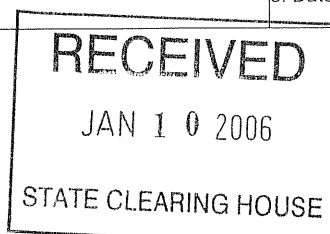
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-904 TITLE (Name of Program): HISTORIC PRESERVATION	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ANNUAL APPLICATION FOR FEDERAL FY 05 (60/40) GRANT FROM HISTORIC PRESERVATION FUND FOR ACTIVITIES RELATED TO THE REQUIREMENTS OF THE NATIONAL HISTORIC PRESERVATION ACT, INCLUDING PLANNING, IDENTIFICATION AND PROTECTION OF HISTORIC PROPERTIES STATEWIDE.
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATEWIDE	14. CONGRESSIONAL DISTRICTS OF: a. Applicant APPLICANT b. Project SEE 11. ABOVE
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13. PROPOSED PROJECT Start Date: 10/01/2005 Ending Date: 09/30/2006	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01-10-2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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15. ESTIMATED FUNDING:	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
------------------------	---

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix MR.	First Name MILFORD	Middle Name WAYNE
Last Name DONALDSON		Suffix FAIA
b. Title STATE HISTORIC PRESERVATION OFFICER		c. Telephone Number (give area code) 916-653-6624
d. Signature of Authorized Representative <i>Wayne</i>		e. Date Signed 1-10-2006

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Prescribed by OMB Circular A-102

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FEDERAL ASSISTANCE

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1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 01/12/2006		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		<input type="checkbox"/> Pre-application		3. DATE RECEIVED BY STATE	
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction		State Application Identifier	
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
				Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
COUNTY OF SAN DIEGO			Department: PUBLIC WORKS		
Organizational DUNS: 00-9581646			Division: AIRPORTS		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:			Prefix:		
1980 JOE CROSSON DR.			First Name: PETER		
City: EL CAJON			Middle Name		
County: SAN DIEGO			Last Name DRINKWATER		
State: CA			Suffix:		
Zip Code 92020			Email: PETER.DRINKWATER@sdcounty.ca.gov		
Country: USA			Phone Number (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Fax Number (give area code)		
95-6000934			(619) 956-4800		
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			B		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY:		
			FEDERAL AVIATION ADMINISTRATION		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
TITLE (Name of Program):			RAMONA AIRPORT - DESIGN AND CONSTRUCT HELICOPTER PAD FOR PUBLIC USE		
AIRPORT IMPROVEMENT PROGRAM (AIP)					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):					
RAMONA, SAN DIEGO, CA					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: TBD			a. Applicant 52		
Ending Date: TBD			b. Project 52		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 95,000			a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ 250			DATE: 01/12/2006 (Faxed to ((616) 323.3018)		
c. State \$ 4,750			b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 100,000					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name PETER		Middle Name L.	
Last Name DRINKWATER				Suffix	
b. Title DIRECTOR OF COUNTY AIRPORTS				c. Telephone Number (give area code)	
d. Signature of Authorized Representative				(619) 956-4800	
				e. Date Signed 01/12/2006	
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JAN 12 2006

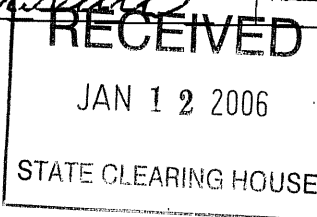
STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 01/12/2006	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
COUNTY OF SAN DIEGO		Department: PUBLIC WORKS		
Organizational DUNS: 00-9581646		Division: AIRPORTS		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix: First Name: PETER		
1960 JOE CROSSON DR.		Middle Name		
City: EL CAJON		Last Name DRINKWATER		
County: SAN DIEGO		Suffix:		
State: CA Zip Code 92020		Email: Peter.Drinkwater@sdcounty.ca.gov		
Country: USA		Phone Number (give area code) (619) 956-4800		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		Fax Number (give area code) (619) 956-4801		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
TITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GILLESPIE FIELD AIRPORT - REHABILITATE RUNWAY 17/35 AND TAXIWAYS, PHASE II		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): El Cajon, CA County of San Diego		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/17/06 (FAX & MAIL) b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal \$ 1,553,250.00				
b. Applicant \$ 4,088.00				
c. State \$ 77,662.00				
d. Local \$.00				
e. Other \$.00				
f. Program Income \$.00				
g. TOTAL \$ 1,635,000.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name PETER		Middle Name
Last Name DRINKWATER		Suffix		
b. Title DIRECTOR OF COUNTY AIRPORTS		c. Telephone Number (give area code) (619) 956-4800		
d. Signature of Authorized Representative		e. Date Signed 01/12/2006		

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 01/12/06	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: COUNTY OF SAN DIEGO	Organizational Unit: Department: PUBLIC WORKS
Organizational DUNS: 00-9581646	Division: AIRPORTS
Address: Street: 1960 JOE CROSSON DR.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER
City: EL CAJON	Middle Name
County: SAN DIEGO	Last Name DRINKWATER
State: CA Zip Code 92020	Suffix:
Country: USA	Email: Peter.Drinkwater@sdcounty.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-8000934	Phone Number (give area code) (619) 956-4839 Fax Number (give area code) (619) 956-4800
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)	9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): BORREGO SPRINGS, SAN DIEGO, CA	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: BORREGO VALLEY AIRPORT - DESIGN AND CONSTRUCT APRON AND RUN-UP AREAS, PHASE I
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,983,125.00	a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/17/06 (FAX & MAIL)
b. Applicant \$ 5,219.00	b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 99,156.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation, <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 2,087,500.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix	First Name PETER Middle Name L
Last Name DRINKWATER	Suffix
b. Title DIRECTOR OF COUNTY AIRPORTS	c. Telephone Number (give area code) (619) 956-4800
d. Signature of Authorized Representative	e. Date Signed 01/12/06

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JAN 12 2006

STATE CLEARING HOUSE

Standard Form 424 (Rev. 8-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier 04-054-0946000329	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department:	
City of Exeter		Division:	
Organizational DUNS:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Address: Street: P.O. Box 237/137 North F Street		Prefix: Mr.	First Name: John
City: Exeter		Middle Name Howard	
County: Tulare		Last Name Kunkel, Jr.	
State: CA		Suffix:	
Zip Code 93221	Email: Jkunkel@exetercityhall.com		
Country: USA		Phone Number (give area code) (559) 592-4159	Fax Number (give area code) (559) 592-3556

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000329		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Wastewater Loans and Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2005 Water Facilities Improvement Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Exeter, Tulare County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21	
13. PROPOSED PROJECT Start Date: 03/01/2006 Ending Date: 12/31/2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 3,005,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Mr. First Name John Middle Name Howard Last Name Kunkel, Jr. Suffix b. Title City Administrator c. Telephone Number (give area code) (559) 592-4159 d. Signature of Authorized Representative e. Date Signed 12/12/05			

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED January 5, 2006	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Self-Help Home Improvement Project (SHHIP)		Organizational Unit: Department:		
Organizational DUNS: 088852603		Division:		
Address: Street: 3777 Meadow View Dr., #100		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Redding		Prefix:	First Name: Keith Griffith	
County: Shasta		Middle Name		
State: California		Last Name Griffith		
Zip Code 96002	Suffix:			
Country: USA		Email: kgrif@shhip.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 2 9 9 0 6 7 8		Phone Number (give area code) 530- 378-6905		Fax Number (give area code) 530- 378-6910
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) "O" Non-profit Corporation Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 4 2 0		9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: USDA Rural Development Mutual Self-Help Program Technical Assistance grant (Sect. 523) Self-Help Housing Rehabilitation Assist 40 homeowners in rural Shasta and Tehama counties rehabilitate their homes.		
13. PROPOSED PROJECT Start Date: June 1, 2006 Ending Date: May 31, 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd - CA b. Project 2nd - CA		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 330,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 5, 2006		
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 330,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name Keith	Middle Name		
Last Name Griffith		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) 530- 378-6905		
d. Signature of Authorized Representative		e. Date Signed January 5, 2006		

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/>		2. DATE SUBMITTED 01/06/2006		Applicant Identifier _____	
		3. DATE RECEIVED BY STATE _____		State Application Identifier _____	
		4. DATE RECEIVED BY FEDERAL AGENCY _____		Federal Identifier _____	

5. APPLICANT INFORMATION			Organizational Unit:		
* Legal Name: Advocates for Human Potential, Inc.			Department: _____		
* Organizational DUNS: 195057666			Division: _____		
Address: * Street1: 490-B Boston Post Road Street2: _____ * City: Sudbury County Middlesex * State: MA * Zip Code: 01776 * Country USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. * First Name: Andrew Middle Name: Robert * Last Name: Klein Suffix: _____ * Email: aklein@ahpnet.com * Phone Number (give area code) 98-261-1435 Fax Number (give area code) 978-443-4722		
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 04-2909410					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			7. * TYPE OF APPLICANT: Small Business Other (specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 16.560 TITLE: National Institute of Justice Research, Evaluation, and Development Project Grant			9. * NAME OF FEDERAL AGENCY: National Institute of Justice		
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Quincy, MA; Rhode Island; San Diego, CA			11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Evaluation of Pre-Trial Release on Re-Abuse and Case Outcome		
13. * PROPOSED PROJECT: * Start Date 10/01/2006 * Ending Date 09/30/2007			14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant 5 * b. Project MA 5, RI 1&2, CA 49&50		
15. * ESTIMATED FUNDING: * a. Federal \$ 125,261.04 * b. Applicant \$ _____ * c. State \$ _____ * d. Local \$ _____ * e. Other \$ _____ * f. Program Income \$ _____ g. TOTAL \$ 125,261.04			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 01/06/2006 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No					
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: Mr. * First Name: David Middle Name A. * Last Name: Wetherbee Suffix: _____ * b. Title: CFO * c. Telephone Number (give area code): 978-261-1413 * Email: dwetherbee@ahpnet.com Fax Number (give area code): 978-443-4722					
d. Signature of Authorized Representative: _____			e. Date Signed: Completed on submission to Grants.gov		

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 30, 2005		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																														
Legal Name: Amador Water Agency		Organizational Unit: Department: Administration																												
Organizational DUNS: 627507536		Division:																												
Address: Street: 12800 Ridge Road City: Sutter Creek County: Amador State: California Country: U.S.		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Michael Middle Name: James Last Name: Lee Suffix:																												
Zip Code: 95685	Email: mlee@amadorwa.com																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 68-0029577 </div>		Phone Number (give area code): 209-257-5207 Fax Number (give area code): 209-257-5281																												
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)																												
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10-760 </div>		9. NAME OF FEDERAL AGENCY: USDA-RUS																												
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Amador County, Ca		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design and construction of a new Regional tertiary WWTP using Membrane Bioreactor (MBR) technology utilizing UV disinfection to produce an effluent that meets California Code of Regulations (CCR) Title 22 standards for unrestricted reuse and appurtenances.																												
13. PROPOSED PROJECT Start Date: 2006 Ending Date: 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 03																												
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>10,672,037</td> <td>00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>10,672,037</td> <td>00</td> </tr> </table>		a. Federal	\$	10,672,037	00	b. Applicant	\$		00	c. State	\$		00	d. Local	\$		00	e. Other	\$		00	f. Program Income	\$		00	g. TOTAL	\$	10,672,037	00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 30, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	10,672,037	00																											
b. Applicant	\$		00																											
c. State	\$		00																											
d. Local	\$		00																											
e. Other	\$		00																											
f. Program Income	\$		00																											
g. TOTAL	\$	10,672,037	00																											
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																												
a. Authorized Representative																														
Prefix: Mr. First Name: James		Middle Name: M.																												
Last Name: Abercrombie		Suffix:																												
b. Title: General Manager		c. Telephone Number (give area code): 209-257-5241																												
d. Signature of Authorized Representative		e. Date Signed: December 30, 2005																												

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 30, 2005	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Amador Water Agency		Organizational Unit: Department: Administration	
Organizational DUNS: 627507536		Division:	
Address: Street: 12800 Ridge Road		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Michael	
City: Sutter Creek		Middle Name: James	
County: Amador		Last Name: Lee	
State: California	Zip Code: 95685	Suffix:	
Country: U.S.		Email: mlee@amadorwa.com	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): [6][8]-[0][0][2][9][5][7][7]	Phone Number (give area code) 209-257-5207	Fax Number (give area code) 209-257-5281
---	--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): [1][0]-[7][6][0]	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design and construction of a new Regional 2- MGD Membrane WTP at South Shore Lake Camanche including a water supply line from existing Aqueducts and a treated water pipeline across Lake Camanche to serve North Shore Lake Camanche and appurtenances.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Amador County, Ca	

13. PROPOSED PROJECT Start Date: 2006 Ending Date: 2008	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 03
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 7,133,979.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 30, 2005
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 7,133,979.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix Mr.	First Name James	Middle Name M.
Last Name Abercrombie		Suffix
b. Title General Manager		c. Telephone Number (give area code) 209-257-5241
d. Signature of Authorized Representative		e. Date Signed December 30, 2005

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED January 5, 2006	Applicant Identifier
<input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Hanford, California		Organizational Unit: Hanford Municipal Airport (HJO)	
Address (give city, county, State, and zip code): 319 North Douly Street Hanford, CA 93230		Name and telephone number of person to be contacted on matters involving this application (give area code): Thomas J. Haglund (559) 585-2521	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6000345		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE: Airport Improvement Program		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hanford, Kings County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Install 5,175LF of MITL to complete taxiway realignment project. Perform engineering services for undergrounding of power poles at R/W 32 end.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 6/1/05	Ending Date 9/30/05	a. Applicant 20	b. Project 20
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 565,250.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 01/05/05	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 29,750.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 595,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Jan E. Reynolds		b. Title City Manager	c. Telephone Number (559) 585-2516
d. Signature of Authorized Representative <i>Jan E. Reynolds</i>		e. Date Signed 1/5/06	

JAN 04 '06 04:16PM AQMD FINANCE APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED <div style="text-align: center; font-size: 1.2em;">1-4-06</div>		P. 2 Applicant Identifier R9 Tracking #: 06-014														
1. TYPE OF SUBMISSION Application		3. DATE RECEIVED BY STATE		State Application Identifier														
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier														
5. APPLICANT INFORMATION																		
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT			Organizational Unit:															
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765			Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780															
6. EMPLOYER IDENTIFICATION (EIN): 953099419			7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Regional Agency															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Other Specify:			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.001</u> TITLE: <u>Air Pollution Control Program Support</u>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: \$103 Homeland Security Monitoring															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">13. PROPOSED PROJECT</td> <td colspan="2" style="padding: 2px;">14. CONGRESSIONAL</td> </tr> <tr> <td style="width:20%; padding: 2px;">Start Date</td> <td style="width:20%; padding: 2px;">End Date</td> <td style="width:20%; padding: 2px;">a. Applicant: <u>24-48</u></td> <td style="width:20%; padding: 2px;">b. Project: <u>24-48</u></td> </tr> <tr> <td style="padding: 2px;">1/1/2006</td> <td style="padding: 2px;">6/30/2006</td> <td></td> <td></td> </tr> </table>					13. PROPOSED PROJECT		14. CONGRESSIONAL		Start Date	End Date	a. Applicant: <u>24-48</u>	b. Project: <u>24-48</u>	1/1/2006	6/30/2006				
13. PROPOSED PROJECT		14. CONGRESSIONAL																
Start Date	End Date	a. Applicant: <u>24-48</u>	b. Project: <u>24-48</u>															
1/1/2006	6/30/2006																	
15. Estimated Funding:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>1/4/06</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">a. Federal</td> <td style="width:70%; padding: 2px;">\$ <u>350,000</u></td> </tr> <tr> <td style="padding: 2px;">b. Applicant</td> <td style="padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">c. State</td> <td style="padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">d. Local</td> <td style="padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">e. Other</td> <td style="padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">f. Program Income</td> <td style="padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">g. TOTAL</td> <td style="padding: 2px;">\$ <u>350,000</u></td> </tr> </table>			a. Federal	\$ <u>350,000</u>	b. Applicant	\$	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ <u>350,000</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ <u>350,000</u>																	
b. Applicant	\$																	
c. State	\$																	
d. Local	\$																	
e. Other	\$																	
f. Program Income	\$																	
g. TOTAL	\$ <u>350,000</u>																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																		
a. Typed Name of Authorized Representative. Barry R. Wallerstein, D.Env.			b. Title: Executive Officer															
c. Telephone Number (909) 396-2100			d. Date Signed <div style="font-size: 1.5em;">1/4/06</div>															
e. Signature of Authorized Representative 																		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/28/05		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: The Arc of Butte County, Inc		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS:		Organizational Unit: Department:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 04 2006 STATE CLEARING HOUSE </div>	
Address: Street: 2030 Park Avenue		Division:			
City: Chico		Name and telephone number of person to be contacted by letters involving this application (give area code): Prefix: Mn. First Name: Michael			
County: Butte		Middle Name: Dean			
State: CA Zip Code: 95928		Last Name: McGinnis		Suffix:	
Country: USA		Email: michaeld.mcginis@csbcglobal.net		Phone Number (give area code): 530 891-5865 Fax Number (give area code): 530 891-5876	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1746468		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify): New Profit Corporation			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		9. NAME OF FEDERAL AGENCY: USDA, Rural Development			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-366		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Adult Day Center Adult Work Activity Center Administrative Offices			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Butte, Glenn, Tehama Counties		13. PROPOSED PROJECT Start Date: 2/1/06 Ending Date: 2/1/08			
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District Two b. Project: District Two			
a. Federal \$ 1,430,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/28/05			
b. Applicant \$		b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
d. Local \$					
e. Other \$					
f. Program Income \$					
g. TOTAL \$ 1,430,000					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mn. First Name: Michael		Middle Name: Dean		Suffix:	
Last Name: McGinnis		c. Telephone Number (give area code): 530 891-5865		e. Date Signed: 12/28/05	
b. Title: Executive Director		d. Signature of Authorized Representative: <i>Michael McGinnis</i>			